

PLEASE Read Instruction Page (attached):

TRANSCRIPT ORDER

1.YOUR NAME				2. EMAIL	3. PHONE NUMBER	4. DATE	
5. MAILING ADDRESS				6. CITY		7. STATE	8. ZIP CODE
9. CASE NUMBER		10. JUDGE		DATES OF PROCEEDINGS			
				11. FROM		12. TO	
13. CASE NAME				LOCATION OF PROCEEDINGS			
				14. CITY		15. STATE	
16. ORDER FOR							
<input checked="" type="checkbox"/> APPEAL No. <input checked="" type="checkbox"/> NON-APPEAL		CRIMINAL CIVIL		CRIMINAL JUSTICE ACT IN FORMA PAUPERIS		BANKRUPTCY OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) <i>You must provide the name of the Reporter.</i>							
TRIAL	DATE(S)	REPORTER	HEARINGS	DATE(S)	REPORTER		
ENTIRE TRIAL			OTHER (Specify Below)				
JURY SELECTION							
OPENING STATEMENTS							
CLOSING ARGUMENTS							
JURY INSTRUCTIONS							
18. ORDER (Grey Area for Court Reporter Use)							
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS		
ORDINARY			NO. OF COPIES				
14-Day			NO. OF COPIES				
EXPEDITED			NO. OF COPIES				
3-Day			NO. OF COPIES				
DAILY			NO. OF COPIES				
HOURLY			NO. OF COPIES				
REALTIME							
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL			
19. SIGNATURE				PROCESSED BY			
20. DATE				PHONE NUMBER			
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS			
ORDER RECEIVED		DATE	BY				
DEPOSIT PAID				DEPOSIT PAID			
TRANSCRIPT ORDERED				TOTAL CHARGES			
TRANSCRIPT RECEIVED ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				LESS DEPOSIT			
PARTY RECEIVED TRANSCRIPT				TOTAL REFUNDED			
				TOTAL DUE			